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Summary of Benefits and Coverage

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

2/26/2014

Actuarial Value			
Overall deductible (waived for Diagnostic & Preventive)	\$0	\$50 in network/ \$50 out of network	
Individual Out of Pocket Maximum	Not Applicable	Not Applicable	
Family Out-of-Pocket Maximum (two or more children)	Not Applicable	Not Applicable	
Office Copay	\$0	\$0	
Waiting Period	None	6 months for Major Services, waived with proof of prior coverage	
Annual Limit	None	\$1,500	
Cosmetic Orthodontia Lifetime Maximum	Not Applicable	Not Applicable	

Procedure Category	Service Type		Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Diagnostic & Preventive	Oral Exam		\$0		0%	
	Preventive - Cleaning		\$0		0%	
	Preventive - X-ray		\$0		0%	
	Sealants per Tooth		not covered		not covered	
	Topical Fluoride Application		not covered		not covered	
	Space Maintainers - Fixed		not covered		not covered	
Basic Services	Amalgam Fill - One Surface		\$25		20%	x
Major Services - Crowns and Casts, Endodontic, Periodontics, Prosthodontics, Oral Surgery	Root Canal - Molar		\$300		50%	x
	Gingivectomy per Quad		\$150			
	Extraction- Single Tooth Exposed Root or Erupted		\$65			
	Extraction - Complete Bony		\$160			
	Crown - Porcelain with Metal		\$300			
Orthodontia	Medically Necessary Orthodontia		Not Covered		Not Covered	
	Cosmetic Orthodontia		Not Covered		Not Covered	

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